

Review Article

Nursing career ladder system in Indonesia: The hospital context

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Abstract

It is no doubt that being a nurse is very promising in the future, considering the existence and importance of nurses during the COVID-19 pandemic. Therefore, the government is asked to invest more seriously in the advancement of nurses, both in terms of competence and their professional career path. This article focuses on an overview of the nursing career ladder system and how far it is applied in the context of hospitals in Indonesia. Barriers and challenges are also presented for future recommendations.

Keywords

Nurses; career ladder; career path; Indonesia

Background

Before entering the nursing world, it is recommended for us to understand the nursing career system. Not until it's too late when nursing candidates become clinical nurses but are eager to turn over the profession. Can you imagine how much money has been spent to complete nursing education while the nursing career is not in line with what was expected? Irony indeed, but this phenomenon exists and occurs among nurses in Indonesia. Therefore, this nursing career

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ladder system needs to be clearly implemented among hospital and nurse managers.

The nursing career ladder is a planning and implementation of a career plan that can be used to place nurses at a level according to their expertise and competence and provide opportunities for nurses to explore and make better changes according to their abilities (Aunguroch et al., 2022a). So, with this career path system, nurses become more professional and qualified. Of course, the nurse career ladder system is crucial, especially during the pandemic or post-pandemic (new normal).

However, it is undeniable that the hospital's need for nurses is enormous during the pandemic. Many nurses are recruited quickly in a short time, where nurses can immediately work in various areas, including in critical areas of the Covid-19 pandemic (Aunguroch et al., 2022b). This can only be done with a career path system that is already running, especially in terms of mapping the competence of nurses so that they can be placed in critical areas of nursing with critical and emergency skills. Imagine if the career system is not working; the hospital will just put any nurses with general skills in a unit that needs special skills for an emergency. This will be dangerous for both nurses and patients.

Hospital conditions related to the COVID-19 pandemic indeed depend on the participation of nurses in providing nursing care. This is because nurses, as the majority of hospital staff, have the opportunity to interact for 24 hours longer and more than other health workers in providing care to patients (Gunawan et al., 2020). But, despite the importance of nurses so far, do nurses have a promising career? Will they be successful nurses in their field in the next 5 or 10 years? Unfortunately, there are so many nurses, prospective nurses, or nursing students who do not understand this career path system, or there are also those who understand but are mostly resigned. Therefore, this article will provide an overview of the career path system and its application in hospitals in Indonesia. This article will be helpful for those who want a career as a nurse.

Overview of Nursing Career Ladder System in Indonesia

The nurse career ladder system has a positive impact on nurse competence and performance (Aunguroch et al., 2021). In Indonesia, competence is obtained from tiered formal education (DIII – S1 – S2 – S3), appropriate/relevant informal education, and recognized practical experience.

DIII Nursing is a three-year study program that produces vocational nursing graduates with the title AMD.Kep. While S1 Nursing means a professional study program for four years with the graduation of a Bachelor of Nursing (S.Kep), followed by Professional Nursing Education for two semesters with a Ners (Ns) degree. In addition, S2 Nursing means academic education with a strata 2 level,

intended for those who have graduated from S1 nursing, which is taken for two years with an M.Kep academic degree. And S3 Nursing is a three-year nursing doctoral study program intended for those who have passed the master's degree in nursing with the title of Doctor of Nursing (Dr.) (Gunawan, 2019).

The development of a professional career ladder system for nurses can be distinguished between job and career tasks. A job as a nurse is defined as a position that is assigned, and there is an attachment to the relationship of responsibility and authority between superiors and subordinates and gets rewards in the form of money. On the other hand, a career as a nurse is defined as a field of work that is chosen and occupied by individuals to be able to meet job satisfaction through a ranking system and mechanism and aims to increase job performance so that, in the end, it will contribute to the chosen profession (Ministry of Health, 2017). However, career selection and its ladder system will guarantee individual nurses in practice their professional field because a career is a long-term investment that results in recognition and awards according to the level of the nurse's career (Aungsueroch et al., 2022a).

Career ladder system

According to Health Ministry Regulation or called Permenkes No. 40 of 2017, the nurse career ladder development in Indonesia includes four prominent roles of nurses, namely Clinical Nurses (or called Perawat Klinis - PK), Nurse Managers (or called Perawat Manajer - PM), Educating Nurses (or called Perawat Pendidik - PP), and Research Nurses (or called Perawat Riset - PR). Each role has five levels, from novice to expert (Ministry of Health, 2017).

As shown in Figure 1, for example, to become Nurse Manager I, a nurse must have Clinical Nurse II competence. And, in order to become Nurse Educator I, a nurse is required to have Clinical Nurse III competence. In addition, to be Research Nurse I, a nurse is required to have Clinical Nurse IV competence (Ministry of Health, 2017).

Clinical Nurse

Clinical nurses are those who go directly to the field to provide nursing care to individuals, families, groups, and communities in health centers, hospitals, clinics, and so on that are closely related to services. Clinical Nurses range from level 1 to 5.

Clinical Nurse I (Novice) is a level which a nurse can perform basic nursing care, emphasizing technical nursing skills under guidance. The basic requirements to be Clinical Nurse I are those holding D-III Nursing (with one-year work experience, and having three to six years of clinical level I) and those holding Ners or Bachelor Nursing (with one year of work experience and two to

four years of level I clinical period). In addition, Clinical Nurse I must have a pre-clinical certificate ([Aungsuroch et al., 2022a](#); [Ministry of Health, 2017](#)).

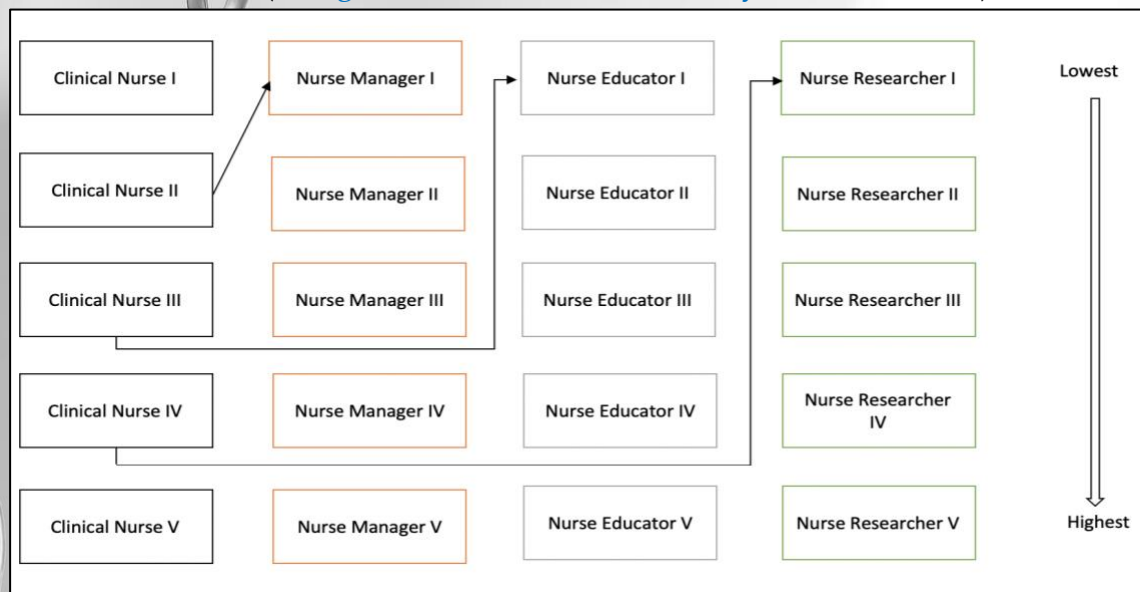


Figure 1 Nursing career path

Clinical Nurse II (Advanced Beginner) is a skilled nurse that has independent capability to perform holistic nursing care, manage clients/groups of clients in a team, and obtain guidance for handling advanced/complex problems. The basic requirements for this level are D-III Nursing education background (with four years of work experience and level II clinical period of six to nine years), or a Ners (Bachelor) (with three years of work experience and level II clinical period of four to seven years). In addition, Clinical Nurse II must have a Clinical Nurse I certificate ([Aungsuroch et al., 2022a](#); [Ministry of Health, 2017](#)).

Clinical Nurse III (Competent) is a level in which a nurse is able to provide holistic care in a specific area based on scientific evidence and implement clinical learning. Clinical Nurse III at least must have a D-III Nursing educational background (with ten years working experience and clinical level III for nine to 12 years), or a Ners (Bachelor) (with more than seven years of working experience and has a clinical level III for six to nine years), or a Specialist Nurse I without work experience and a level III clinical period for two to four years. In addition, clinical Nurse III graduates of D-III Nursing and Ners (Bachelor) must have a Clinical Nurse II certificate ([Aungsuroch et al., 2022a](#); [Ministry of Health, 2017](#)).

Clinical Nurse IV (Proficient) is a ability level to provide nursing care to complex problems in a specialist area with an interdisciplinary and approach, conduct research to develop nursing practice and clinical learning. Clinical Nurse IV must at least have a Ners (Bachelor) (with 13 years of work experience and undergoing a level IV clinical period of nine to 12 years), or a Specialist I Nurse (with two years of work experience and undergoing a level IV clinical period of

six to nine years). In addition, Clinical Nurses IV must have a Clinical Nurse III certificate ([Aungsuroch et al., 2022a](#); [Ministry of Health, 2017](#)).

Clinical Nurse V (Expert) is a level of a nurse able to provide clinical nursing consultation in specialist areas, perform transdisciplinary care, and conduct clinical research to develop nursing practice, profession, and education. The requirements for this level are Specialist Nurse I (with four years of work experience and has a Clinical Nurse IV certificate), or a Specialist Nurse II (Consultant) with noing work experience. Clinical Nurse V undergoes clinical level 5 until entering retirement age ([Aungsuroch et al., 2022a](#); [Ministry of Health, 2017](#)).

Nurse Manager

In contrast to Clinical Nurses, Nurse Managers are nurses who manage nursing services in health facilities, both as lower-level managers (front-line managers), middle level (middle line managers), and top level (top managers). In other words, the nurse managers can be the head of the units (head nurses), head of the nursing division, and head of the nursing department ([Aungsuroch et al., 2022a](#); [Ministry of Health, 2017](#)).

Nurse Educator

Nurse educators are nurses who provide education to students in nursing education institutions (Nursing Lecturers).

Nurse Researcher

Nurses working in the field of nursing or health research

Credentialing

The nurse career ladder system is implemented by a Nursing Committee through a credential process. According to the Minister of Health Regulation (Permenkes) Number 49 of 2013, the Nursing Committee is a non-structural hospital organization that has the main function to maintain and improve the nursing staff professionalism, ethics, and discipline through credentialing mechanisms ([Ministry of Health, 2017](#)).

A credential is a process of evaluating nursing staff to determine the feasibility of granting clinical authority. Re-credentialing is a re-evaluation process for nursing staff who already have clinical authority to assess the feasibility of granting the clinical authority. Re-credentialing is carried out periodically according to the policies of each institution, whether every three years or every five years ([Ministry of Health, 2017](#)).

According to the results of the credential process, the Nursing Committee recommends to the hospital director to determine the clinical assignment of nursing staff in the form of a clinical assignment letter containing a detailed list of clinical authority (clinical appointments) ([Ministry of Health, 2017](#)).

The credentialing process of new nurses consists of (1) Recruitment and Selection, in collaboration with the human resource manager. This process starts with the acceptance of new nurses (job vacancies), which includes administrative selection, health condition, education certificates and transcripts, competency test certificates, and having a Registration Certificate (or called Surat Tanda Registrasi - STR) (Ministry of Health, 2017). Credentials for critical care can be required through several stages, namely administrative selection, psychological tests, interviews, credentials, and competency validation (according to organizational policies); (2) Orientation, which is usually carried out by each new employee to provide information, introduction, and indoctrination of new employees; (3) Internship/ Apprenticeship, the process of carrying out care in the work unit with the preceptor or nurse who is appointed to be a role model for new nurses who will direct and evaluate competency achievement and carry out collaborative care with new nurses; (4) Credentials, the process of determining career paths which has two stages, namely competency assessment and determination of clinical authority in accordance with the results of the competency assessment (Ministry of Health, 2017).

Meanwhile, the implementation of career paths for experienced clinical nurses at the beginning of career development in an institution begins with the competency mapping stage. After mapping, the profile of nurses in the hospital will be obtained. Furthermore, competency assessment credentials, clinical authority determination, and work assignments will be carried out in appropriate practice areas. It should be underlined that nurses will always go through the credentialing stage for every level increase (Ministry of Health, 2017).

Organizing the implementation of career paths in hospitals

Managing the implementation of nursing career paths in hospitals involves several related elements, namely the hospital director, head of the nursing division, nursing committees, and other associated units:

Director of Hospital

The director of the hospital is the main person in charge of implementing the nursing career path through the role of the head of the division/manager/director of nursing, the nursing committee, and the education and training division/unit.

Nursing Director

The implementation of nursing career paths is the responsibility of the head of the nursing division/director of nursing in order to carry out the nursing management function, namely staffing. The duties are as follows: (1) selection of new nurses (according to hospital policy), (2) conducting a new nurse orientation

program, (3) conducting internship program for new nurses, (4) mapping for old (experienced) nurses (at the beginning of the application of career development), and (5) conducting a competency assessment as needed ([Ministry of Health, 2017](#)).

Nursing Committee

The nursing committee is a non-structural element responsible for overseeing nursing professionalism so that they can carry out nurses' duties according to their level of authority. The nursing committee has three subcommittees: credentials, quality, and ethics and discipline subcommittees. The duties of the nursing committee are: (1) being responsible for the professional development of nurses, (2) performing clinical authority stipulation credentials according to the level of each nurse, (3) recommending the clinical authority of each nurse to the hospital director, (4) monitoring the issuance of clinical assignment letters by the hospital director, (5) compiling profiles and basic data for all nurses in the hospital, (6) identifying and plan a Continuing Professional Development (CPD) program for each nurse, (7) planning and monitoring the implementation of professional audits in order to increase competence, (8) recommending revocation of clinical authority, (9) conducting ethical and disciplinary training ([Ministry of Health, 2017](#)).

Barriers and Challenges of the Nursing Career Ladder System Implementation

The implementation of the nurse career ladder system is not as easy as imagined. There are many challenges and barriers that must be faced, starting from the preparation of nursing resources, including the preparation of internal nursing assessors and peer reviewers, the allocated budget, the time-consuming implementation, and the correlation of credentials that will ultimately place the nurse's position at the certain clinical /career level.

Another challenge is that many nurses do not want to take the competency test, especially for seniors, although it is essential. It is because they think that they are experienced enough in nursing that the competency test is no longer needed. There are also many conflicts between senior nurses and the nursing committee in implementing credentialing. Therefore, this seniority system also needs to be considered in developing the nurse career ladder system ([Gunawan & Marzilli, 2022](#)).

In addition, the issues and challenges of the nurse career ladder in Indonesia can be discussed based on the staffing status of the nurses themselves, both civil servants (or called PNS) and non-PNS nurses. Both have different challenges and issues, as described below.

PNS Nurses. Another career development system used in Indonesia as part of the reward system for nurses has been developed specifically for civil servants (PNS) through the functional position of nurses. This system is regulated and determined by the Ministry of Administrative and Bureaucratic Reform of the Republic of Indonesia, or MENPAN-RB Regulation Number 25 of 2014, concerning the functional positions of nurses and their credit scores. The career path model for PNS nurses has regulated the existence of nurse career levels with requirements that must be met as an award at each level of position. Competence becomes essential in the career ladder system (Gunawan et al., 2022). Hence, it is necessary to have a competency test that a government agency can only carry out in accordance with regulated provisions (PERMENPAN-RB, 2014). However, this regulation has limitations, including the assessment based on the number of credit points approved by the authorized official. Also, there is an obligation to take competency test certification as a prerequisite for promotion, but in reality, not all hospitals make rules that facilitate nurses to be ready to take competency tests.

Non-PNS Nurses. To our knowledge, many hospitals do not have a career plan for non-PNS nurses structurally, only limited to PNS nurses. So, the career of non-PNS nurses has often been questioned; not infrequently, many nurses resign (Gunawan, 2019). This is homework for the hospital director to apply the career ladder system for the advancement of nurses. Besides, although some hospitals have implemented a career path system, the majority are only limited to Clinical Nurses and Nurse Managers Levels; paths for Nurse Educators and Nurse Researchers are very rare. Research nurses are more often devoted to nurses who have a minimum master's degree in nursing.

In addition, the phenomenon between the two employment statuses continues even though the nurse career ladder system has been running. The status of PNS and non-PNS is often a separator between the two and destroys the career path system itself, which PNS nurses often feel that they have a higher position than non-PNS nurses (Gunawan, 2019). Therefore, the role of the hospital managers must be emphasized in order to facilitate cooperation between the two so that the career path process runs smoothly.

Another issue is the rewards problems for the career path system (Gunawan, 2019). Every nurse who advances the level will undoubtedly get more incentives than the previous level. If the incentives are still the same, why do they have to go to another level and do another competency test? Thus, the hospitals that do not have a budget for these incentives, the career path system in their hospitals will not run well. In other words, the career ladder system must be implemented comprehensively, considering all elements of human resource management, financial management, and leadership.

Conclusion

The guideline for the career ladder system outlined by the Indonesian Minister of Health is acceptable, but its implementation in hospital settings still needs evidence. The barriers and challenges include employment status issues, budget, human resources (assessors and peer reviewers), leadership, and the understanding of the importance of the career ladder system in all elements of the hospital. In addition, the success or failure of this career path system must be required from top management so that the system can run as a whole, especially to overcome financial problems that are essential for every career advancement.

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Authors' Contributions

All authors contributed equally in developing this article.

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Data Availability Statement

Not applicable.

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